

## DHS Expected Practices

Specialty: Gastroenterology

Subject: OB+ Stools

Date: March 13, 2014

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**Purpose:**

Practice recommendations for treatment of OB+ Stools.

**Target Audience:**

Primary Care Providers

**Expected Practice:**

- FIT is the preferred test since it will exclude upper GI bleeding sources and is specific for human blood. FIT testing must be used at DHS facilities but community partners can use guaiac-based tests if FIT is unavailable.
- Hemoccult tests are positive if upper GI bleeding is present, e.g. in patients taking Aspirin or NSAIDs and should therefore be avoided.
- If the test was not performed at a DHS lab, please attach documentation of a positive result.
- FIT test should not be performed for screening in patients under age 50 or over age 75 except in increased risk patients such as family history of colorectal cancer.
- Do not refer for positive tests done as an inpatient, in the emergency room/urgent care or done in a clinic (non-certified CLIA lab).
- If all conditions met (age 50-75, documented positive test from CLIA-approved lab), refer for colonoscopy.

*This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.*